

FILED NOV 19 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42822  
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar 10230

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St Louis</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St Louis M</u>				c. CITY OR TOWN <u>St Louis</u>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>DOA Homer Phillip</u>				d. STREET ADDRESS (If outside give location) <u>1220 Blair</u>			
3. NAME OF DECEASED (Type or print) <u>Melody</u> First <u>Melody</u> Middle <u>Yokely</u> Last <u>Yokely</u>				4. DATE OF DEATH <u>Oct 29 1957</u> Month <u>Oct</u> Day <u>29</u> Year <u>1957</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>8 May 1955</u>	
9. AGE (In years last birthday) <u>2</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>2</u> Hours <u>2</u> Min. <u>2</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>No</u>		11. BIRTHPLACE (City and state or country) <u>St Louis Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13. FATHER'S NAME <u>Hershall Randolph</u>		14. MOTHER'S MAIDEN NAME <u>Marlene Yokely</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u> (If yes, give year or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>754.4</u>		17. INFORMANT <u>Marlene Yokely</u> Address <u>1220 Blair</u>		18. CAUSE OF DEATH [Enter only one cause per line or (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Oedema</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Congenital Heart Disease</u> DUE TO (c) <u></u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u></u>		INTERVAL BETWEEN ONSET AND DEATH <u>754.4</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a. m. <u></u> p. m. <u></u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>10230 A</u> to <u>1300</u> and last saw <u>her</u> alive on <u>10/31/57</u> Death occurred at <u>10230 A</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Joseph M. Quinn</u> (Degree or title) <u>Deputy</u>		22b. ADDRESS <u>1300 Clair</u>		22c. DATE SIGNED <u>10/31/57</u>		22d. REGISTRAR'S SIGNATURE <u>Carl Smith</u>	
23a. BURIAL: CREMATION, REMOVAL (Specify) <u>removal</u>		23b. DATE <u>2 Nov. 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Greenwood cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>	
24. FUNERAL DIRECTOR <u>Reliable Funeral Sys. 1389N Union</u>		25. DATE RECD. BY LOCAL REG. <u>OCT 31 '57</u>		26. REGISTRAR'S SIGNATURE <u>Carl Smith</u>		26b. ADDRESS <u>mo</u>	

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*Paul V. Freeman*

Licensed Embalmer No. ....  
*468*

P. O. Address.....  
*4729 W. ...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.